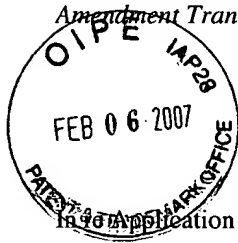


REFERENCE & ASSOCIATES

Amendment Transmittal

Atty. Docket No. CH919980004US1

(590.059)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

: Abad-Peiro et al.

Serial No.

: 09/787,753

Examiner : Hani M. Kazimi

Filed

: June 11, 2001

Art Unit : 3691

For

: METHOD OF IMPROVING SECURITY IN ELECTRONIC
TRANSACTIONS

HON. COMMISSIONER OF PATENTS

P.O. Box 1450,

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

1. ☒ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☒ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☐ Small Entity status of this application has been established by a verified statement previously submitted.
4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF MAILING

I hereby certify that this correspondence and any documents referred to as enclosed therewith are being deposited with the United States Postal Service as first class mail, addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on February 2, 2007.

Stanley D. Ference III

(Type or print name of person transmitting paper or fee)

(Signature of person transmitting paper or fee)

FERENCE & ASSOCIATES
Amendment Transmittal

Atty. Docket No. CH919980004US1
(590.059)

5. ☐ Also enclosed: _____
6. ☒ No additional filing fee is required.
7. ☒ The filing fee has been calculated as shown below:

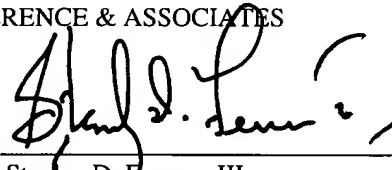
	Claims Remaining After Amendment (Col. 1)		Highest No. Prev. paid for (Col. 2)		Present Extra (Col. 3)		SMALL ENTITY				OTHER THAN A SMALL ENTITY	
							RATE	FEE			RATE	FEE
Total Claims	20	-	** 20	=	* 0	x	\$25	=	OR	x	\$50	=
Ind. Claims	5		*** 5	=	* 0	x	\$100	=	OR	x	\$200	=
<input type="checkbox"/> Multiple Dependent Claim Presented						+	\$180	=	OR	+	\$360	=
							TOTAL = \$		OR	TOTAL = \$0		

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space.
- *** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$___ to cover the filing fee.
9. ☐ The Commissioner is hereby authorized to charge the \$___ filing fee to Deposit Account No. 50-0510.
10. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510.

Respectfully submitted,

FERENCE & ASSOCIATES

By 
Stanley D. Ference III
Reg. No. 33,879

Dated: February 2, 2007

Mailing Address:

Customer No. 35195
FERENCE & ASSOCIATES
409 Broad Street
Pittsburgh, Pennsylvania 15143
(412) 741-8400
(412) 741-9292 - Facsimile